

# DEATH DOCUMENTATION PACKAGE CHECKLIST OF FORMS

<b>ALL PACKAGES:</b>	
<input type="checkbox"/> Death Documentation Package Checklist of Forms (CLI.4110.PL.014.SD.01) <input type="checkbox"/> Death in Facility (CLI.4110.PL.014) policy <input type="checkbox"/> Notification of Death (CLI.4110.PL.014.FORM.01)	<input type="checkbox"/> Registration of Death: Vital Statistics Manitoba FORM 5, MG 8033 (REV 06) <input type="checkbox"/> Consent for Autopsy (CLI.4110.PL.014.FORM.02) <input type="checkbox"/> Shared Health, Necropsy Clinical Data (CLI.4110.PL.014.FORM.03) form
<b>ACUTE CARE</b> facilities only (excluding perinatal deaths)	<b>PERSONAL CARE HOMES</b> only
<input type="checkbox"/> Tissue Bank Manitoba, Sample Questions to Assess Donation Eligibility (CLI.4110.PL.014.SD.02)	<input type="checkbox"/> Office of Chief Medical Examiner Personal Care Home Death Report (CLI.4110.PL.014.FORM.04) <input type="checkbox"/> Facility-specific PCH fax cover sheet
<b>PERINATAL DEATHS</b> only	
<input type="checkbox"/> Registration of Stillbirth: Vital Statistics Manitoba FORM 3, MG-12194 (REV 02) <input type="checkbox"/> Stillborn Assessment (CLI.5810.FORM.007) <input type="checkbox"/> Standard Orders Maternal Stillbirth (CLI.5810.FORM.069) <input type="checkbox"/> Standard Orders Fetal Stillbirth (CLI.5810.FORM.072) <input type="checkbox"/> Postpartum Perinatal Loss Care Map Greater Than or Equal to 20 Weeks (CLI.5810.FORM.011) <input type="checkbox"/> Loss of Your Baby Release Form-Bilingual (CLI.5810.FORM.082) <input type="checkbox"/> St. Boniface Pathology Services Laboratory Requisition R250-10-40 V01 (BRHC, HSAH) (CLI.4110.PL.014.FORM.07) <input type="checkbox"/> Westman Lab Pathology Services Laboratory Requisition R250-10-50 V01 (All other sites) (CLI.4110.PL.014.FORM.08)	<input type="checkbox"/> Registration of Birth in Manitoba: Vital Statistics Manitoba (REV May 2018); <input type="checkbox"/> Standard Orders Maternal Neonatal Death (CLI.5810.FORM.075) <input type="checkbox"/> Standard Orders Fetal Neonatal Death (CLI.5810.FORM.078) <input type="checkbox"/> Caesarean Section Perinatal Loss Care Map (CLI.5810.FORM.004) <input type="checkbox"/> Cesarean Section Perinatal Loss Record of Postpartum Patient Learning (CLI.5810.FORM.081) <input type="checkbox"/> Shared Health Authorization for Release Pathology Specimens F170-10-12 (CLI.4110.PL.014.FORM.05) <input type="checkbox"/> Shared Health, Pathology Services, Request for Placental and Stillbirth Examination requisition R250-10-38-V02 (CLI.4110.PL.014.FORM.06) <input type="checkbox"/> Manitoba Health Post-Partum Referral form (MHPP114F)